Primary Health Care Conference
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Outline

• Some common ear nose and throat disorders presenting to your practice
• Some guidance to PHC nurse role
• ORL “red flags”
Children

- Hearing
- Middle ear disease
- Foreign bodies
- Sleeping disordered breathing
- Tongue tie
Children’s hearing

• Why is it important
  – Auditory pathways
  – Language development
  – Social skills development
  – Education
  – Success in adult life
Hearing is testable at any age

- Neonatal hearing screen (OAE’s) 0-
- Caregiver assessment 0-
- ABR 0-
- play audiometry 2-4
- B4 school check 3-4
- Tympanometry 3-
- Pure tone audiometry 4.5-
• Conductive vs sensorineural hearing loss
Congenital hearing loss (sensorineural)

- 1/1000
- Mostly genetic
- Small number related to prenatal/birth issues
- Ideally detected before age 1
- Aiding
- Cochlear implantation
Acquired hearing loss

- Sensorineural
  - Viral infections
  - Meningitis
  - Trauma
- Conductive
  - Inflammatory middle ear disease
  - Sequelae of same
Signs of hearing impairment

- Unresponsive to voices and environmental sounds
- Poor language development
- Lack of social skills, frustration
- Loud speech
- Educational and home inattention
- Loud TV, music
PHC role

• Encourage age appropriate testing
• Check previous tests achieved
• Avoid false reassurance
• Lookout for associated illnesses eg URTI/otitis symptoms
• Screening for middle ear disease/OME
Inflammatory middle ear disease

- Clarity of symptoms is age dependent
- Often a mixture of acute and chronic symptoms
- Heavily associated with URTI’s
- Less so with general health/socioeconomic factors (smoke, breast feeding, home environment etc)
Normal R ear
Otitis media
It can get worse
Chronic mucoid effusion
Retraction/incus erosion
PHC roles

- Observation of hearing issues, ear discharge
- Developmental/language concerns
- Frequent visits with ear complaints/URTI/febrile illnesses
- Infant sleep issues/parent counselling
- Ear examination
  - Requires experience and good equipment
- Tympanometry (remember the limitations)
Foreign bodies

- Ear
- Nose
- Throat/larynx/swallowed/inhaled
- Usual suspects
  - Children
  - Intoxicated
  - Intellectual handicap
Ear F B

- Urgency of removal depends on FB...often not
- You probably only get one chance without a GA
  - Adequate equipment
  - Adequate view
  - If in doubt reassure and refer
Removal of FB from Ear
?foreign body
Nasal F B

- Organic vs inorganic
- Beware batteries
- Inhalation danger minimal
- Nose blow
- Anaesthetic nose spray
- Only get one good go!
Removal of Nasal FB

• Good view
• Good light
• Appropriate tool/s
• “Good” child
• “Good” parent
• Good assistant
Swallowed or inhaled FB

- Potentially serious
  - If respiratory symptoms
  - If unable to swallow
  - Corrosives/batteries
- Often unwitnessed
- May rely on radiology and high index of suspicion
Inhaled

Aspirated FB
Right Main Bronchus

Pen Tip in Right Main Bronchus
Swallowed

Child Swallows Dog

? Is this film adequate

Coin in Oesophagus
Sleep disordered breathing

- Continuum between snoring and obstructive sleep apnoea
- Commonest between 3 and 8 years
- Recently confirmed by large (non ENT) Australian study to be important in child development
- Simple remedy
What makes a child snore?
PHC role

• Recognise symptoms
  – Daytime fatigue
  – Declining performance
  – Assoc URT symptoms (ears, rhinorhea)
• Examination signs
  – +/- home video
• Consider other causes
  – obesity
Tongue tie
The controversy

<table>
<thead>
<tr>
<th>Anterior</th>
<th>Posterior</th>
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<tbody>
<tr>
<td>Easily anatomically identified</td>
<td>• Palpable not visible</td>
</tr>
<tr>
<td>Superficial/non vascularised</td>
<td>• Within tongue muscle</td>
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<tr>
<td>Safely divided, usually once</td>
<td>• Greater risk of bleeding/swelling</td>
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<td>• Repeat procedures</td>
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Results

• Easily judged in older children
  – Articulation
  – Lick ability

• Assessed by feeding speed/ability in infants
  – Notoriously variable
  – 2 people involved
  – Emotive area
  – Scientific data lacking
Adults

- Ears/cleaning
- Pharyngitis and tonsillitis
- Head and neck cancer
- Epistaxis
Adult ears

- Wax
  - Combination of secretion and dead skin
  - Has bad “P R”
  - Protective function
  - Natural egress
Should ears be cleaned?

• For diagnosis
• Treatment of canal condition
  – Otitis externa
  – Excema, psoriasis, skin migration disorder
• To assist hearing aid use
• Symptomatic blockage
  • To improve hearing
Microscopic suction vs syringing

**microscopic**
- Direct view
- Non traumatic
- Dry
- Equipment expense
- Training

**syringing**
- Blind
- Potentially traumatic if abnormal ear
- Wet
- Cheap
Ears that should not get wet
Adult ear red flags

- Intermittent or chronic discharge
- Progressive Unilateral hearing loss
- Pain assoc w other head and neck symptoms
Pharyngitis

- Common point of entry by resp pathogens
- Mostly viral initially
- Mostly mucosal initially
- Lymphatic involvement (tonsils/adenoids/nodes)
- Potential complications
  - Rheumatic fever
  - Local spread
  - Abscess formation (quinsy/neck node)
  - Rarer distal
Basic principles

One of commonest primary care complaints
Mostly self limited illness
10% caused by GABHS
Only GABHS benefit from antibiotic Tx
GABHS

• Mainly 5 to 15 year olds
• More prevalent in lower socio economic groups
• Clinical picture
  – Acute onset pain, fever, dysphagia, cervical lymphadenopathy
  – Tonsillo-pharyngeal erythema and exudate
Management recommendations

• Identify likely GABHS on epidemiological and/or clinical grounds
• Throat swab or RADT to confirm
• Penicillin is antibiotic of choice
• >One week window before risk of Rheumatic fever
Reality Check

• Overlap of presentations
• Patient pressure to receive treatment
• Throat swab takes 48hrs
• Rapid antigen detection test
• What to do with return patients
Tonsillectomy

• Only prevents symptoms when tonsils are main site
• Role unclear w.r.t. rheumatic fever
• Children
  – Numbers criteria
• Adults
  – Depends on severity >frequency
  – Tonsololiths
  – diagnosis
Normal pharynx
tonsillitis
Glandular fever
Hypertropyhy
Quinsy
Normal 1/52 post tonsillectomy
Head and neck cancer

• 10% of cancers
• 10% of lymphomas
• Many directly visible
• Treatment mostly favourable
Changing demographics

- Less smoking related
- HPV related

Therefore
- Younger population
- Oropharynx predominating
- Treatment options improving
Likely tonsil cancer
Nasendoscopy
PHC role

- Smokers
- Younger male population
- Unilaterally enlarged tonsil
- Unilateral throat/neck pain
- Prolonged consistent hoarseness
- Large lymph nodes
Epistaxis (bleeding nose)

- Why so common?
  - Nasal factors
    - Septum
    - Vascularity
  - Patient factors
    - Children
    - Elderly
      - Tissue quality
      - Anticoagulation
      - BP
First aid

- Resuscitation
- Reassurance
- “Slow the flow”
- Topical vasoconstriction/anaesthetic
- Cautery/coagulate
- Pack
2nd care measures

- Resuscitation
- Outpatient endoscopic examination
- Coagulation of “bleeder”
  - Silver nitrate
  - electrical
- Variety of nasal packing
- Operating Room
  - Septoplasty
  - Endoscopic ligation of specific vessels
End of the rapid ORL tour